| | | | | | | | | 1 | | | | | |
|---|--------------------|----------------------|-------------------------------|--|---------------------------|-------------------------|------------|---|-----------------------------|-------------------------|------------------|--|--|
| | | | United | United States Environmental Protection Agency Washington, DC 20460 | | | | | Work Assignment Number 3–38 | | | | |
| | EF | PA | | | ŀ | | | | | | | | |
| | | | | Work Assignment | | | | Oth | er | Amendm | ent Number: | | |
| | | | | | | | | | | | | | |
| Contract Number Contract Period 09/16/2014 To 09/15/ | | | | | | | | J | | | | | |
| EP-D-14-032 Base Option Period Number 3 | | | | | | | | USEPA Africa Megacity Partner | | | | | |
| Contractor Specify Section and paragraph of Contract SOW INDUSTRIAL ECONOMICS, INCORPORATED 2,3,7,13,14 | | | | | | | | | | | | | |
| Purpose: X Work Assignment Work Assignment Close-Out | | | | | | | | Period of Performance | | | | | |
| Work Assignment Close-Out | | | | | | | | , one of the mane | | | | | |
| Work Assignment Amendment Incremental Funding Work Plan Approval | | | | | | | | From 09/16/2017 To 09/15/2018 | | | | | |
| Comments: | | | | | | | | | | | | | |
| THE WORK ASSIGNMENT INCLUDES 200 HOURS FOR PREPARATION OF THE WORKPLAN/COST ESTIMATE AND TO BEGIN THE WORK | | | | | | | | | | | | | |
| ASSIGNMENT. THE CONTRACTOR SHALL PROPOSE THE HOURS NECESSARY TO COMPLETE ALL TASKS. NO PREVIOUSLY PERFORMED WORK SHALL BE DUPLICATED. SEE ATTACHED SOW. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Superfund Accounting and Appropriations Data | | | | | | | | | | Χ | Non-Superfund | | |
| Note: To report additional accounting and appropriations date use EPA Form 1900-69A. | | | | | | | | | | | | | |
| (Max 2) | | | | | | | | | | | | | |
| <u> </u> | CN ax 6) | Budget/FY (Max 4) | Appropriation Code (Max 6) | Budget Org/Code (Max 7) | Program Elemen (Max 9) | Object Class (Max 4) | Amount (Do | ollars) (Cen | ts) | Site/Project (Max 8) | Cost Org/Code | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | • | | | | | |
| 3 | | | | | | | | • | | | | | |
| 4 | | | | | | | | | 1 | | | | |
| 5 | | | | | | | | : | | | | | |
| Authorized Work Assignment Ceiling | | | | | | | | | | | | | |
| Contract Period: Cost/Fee: LOE: | | | | | | | | | | | | | |
| | _ | то 09/15 | 5/2019 | | | | | | | | - | | |
| This Action: | : | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total: Work Plan / Cost Estimate Approvals | | | | | | | | | | | | | |
| Work Plan / Cost Estimate Approvals Contractor WP Dated: Cost/Fee | | | | | | | | LOE: | | | | | |
| Cumulative Approved: Cost/Fee | | | | | | | LOE: | | | | | | |
| Cambianto Approved. | | | | | | | | T | | | | | |
| Work Assignment Manager Name Sara Terry | | | | | | | | Branch/Mail Code: Phone Number: 919-541-7576 | | | | | |
| | | | | | | | | | | | | | |
| (Signature) (Date) | | | | | | | | FAX Number: | | | | | |
| Project Officer Name Carolyn Blake | | | | | | | | Branch/Mail Code: | | | | | |
| | | | | | | | | Phone Number: 919-541-5256 | | | | | |
| Otherna | (Signature) (Date) | | | | | | | | FAX Number: | | | | |
| Other Agen | icy Offici | ai Name | | | | | | Branch/Mail Code: | | | | | |
| | | | | Phone Number: | | | | | | | | | |
| 01 | (Signa | | | FAX Number: | | | | | | | | | |
| Contracting Official Name Natalia Fisher-Jackson | | | | | | | | Branch/Mail Code: | | | | | |
| | | | | | | | | Phone Number: 919-541-3564 FAX Number: | | | | | |
| | | (Signa | ture) | | (Signature) (Date) | | | | | | | | |